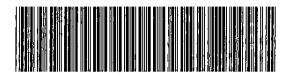
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(Requestor's Name)					
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2011 APR 28 PM 1: 0:1 SECRETARY OF STATE

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CHANNINES

COVER LETTER

TO: Registration S Division of Co			Z.		
SUBJECT:		AMILY INVESTMENTS, ited Liability Company	LLC		
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	JOH	INSON S. SAVARY, JR.			
		Name of Person			
	DUNLAP & MORAN, P.A.				
		Firm/Company			
		P.O. BOX 3948			
		Address		7. 2	
	S	ARASOTA, FL 34230		SECR	
		City/State and Zip Code	 	PR 2	Carrier of the Contract of the
		RY@DUNLAPMORAN.COM		SSE SSE	
Dan Carl and Grant	·	to be used for future annual report notifica	ition)	APR 28 PM 1: CRETARY OF STA LAHASSEE, FLOR	
ror further information	concerning this matter, please of	can:		ORIE	
JOHNSO	ON S. SAVARY, JR.	ai (66-0115		
Name	of Person	Area Code & Daytime 1	Celephone Number		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	d)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability Cor (A Florida Limit	NILY INVESTIVE npany as it now appears ed Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp Florida document numberL1000053531	any were filed on	5/18/2010	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here	:		
The new name must be distinguishable and end with the words "I" "L.L.C."	Limited Liability Compan	y," the designation '	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			7201 TAL	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		APR 28	
	 		ASS	
Enter new mailing address, if applicable:			المسينة _	
(Mailing address MAY BE A POST OFFICE BOX)		,,	PAT D	
			>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ır records, <u>enter</u>	the name of the new	
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		41 00-1 1-4-16-16-16-16-16-16-16-16-16-16-16-16-16-	
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

'If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGR KARL F. CARSON 245 BEARDED OAKS DRIVE √ Remove SARASOTA FL 34232 MGR KIMBERLY LAPORTE 245 BEARDED OAKS DRIVE ✓ Add ☐ Remove SARASOTA FL 34232 MGR **BRETT CARSON** 245 BEARDED OAKS DRIVE ☐ Remove SARASOTA FL 34232 Add Remove) Remove Ø ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 4 special Dated Signature of a member or authorized representative of a member KARL F. CARSON Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00